

HMIS UPDATE - PATH

Special Needs Information must be updated within the Admission Record

NAME	EFFECTIVE DATE	UPDATE TYPE
	____/____/____	<input type="checkbox"/> General <input type="checkbox"/> Annual <input type="checkbox"/> Discharge

INCOME FROM ANY SOURCE (monthly) (Head of Household and Adult only)	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES:	
<input type="checkbox"/> Earned Income..... \$ _____	<input type="checkbox"/> Unemployment Insurance..... \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> SSDI \$ _____
<input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____	<input type="checkbox"/> VA Non-Service Connected Disability Pension..... \$ _____
<input type="checkbox"/> Private Disability Insurance \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____
<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> General Public Assistance..... \$ _____
<input type="checkbox"/> Retirement from SSA \$ _____	<input type="checkbox"/> Pension or Retirement from former job..... \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Alimony or Other Spousal Support \$ _____
<input type="checkbox"/> Other (specify) \$ _____	

NON CASH BENEFITS FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES:	
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF Funded Services
<input type="checkbox"/> Other Source	

COVERED BY HEALTH INSURANCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES:	
MEDICAID <input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE..... <input type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Insurance Program <input type="checkbox"/> No <input type="checkbox"/> Yes	VA Medical Services..... <input type="checkbox"/> No <input type="checkbox"/> Yes
Employer provided Health insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	Health ins. via COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance..... <input type="checkbox"/> No <input type="checkbox"/> Yes	State Health Ins. Adults <input type="checkbox"/> No <input type="checkbox"/> Yes

PATH STATUS		
DATE OF STATUS DETERMINATION	CLIENT BECAME ENROLLED IN PATH	REASON NOT ENROLLED
____/____/____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s)
CONNECTION WITH SOAR		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		